



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAR000038331

06/03/99

INSTALLATION ADDRESS

CLINICAL LABS INC  
901 KEYSTONE IND PARK  
THROOP, PA 185121534  
RODNEY MYERS CHEMIST

901 KEYSTONE IND PARK  
THROOP, PA 185121534

EPA Form 8700-12A (1/98)

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

APR 2 1999

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

PAR000038331

## II. Name of Installation (Include company and specific site name)

CLINICAL LABORATORIES INC.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

901 KEYSTONE INDUSTRIAL PARK

Street (Continued)

City or Town

THROOP

State

Zip Code

PA 18512-1534

County Code

County Name

069

LACKAWANNA

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

MYERS

(First)

RODNEY

Job Title

CHEMIST

Phone Number (Area Code and Number)

570-346-1759

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

ADDITIONAL SHEET ENCLOSED

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator(Date Changed)  
Month Day Year

-

P

P

Yes

No

-

-

-

## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F003	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Rodney Myers</i>	Name and Official Title (Type or print) RODNEY MYERS - CHEMIST	Date Signed 4/22/1999
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## XI. Comments

BAH/cm 4/26/99

✓ MS

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**CLINICAL LABORATORIES, INC.**

901 Keystone Industrial Park, Throop, PA 18512-1534

Phone: (570) 346-1759

Fax: (570) 941-3588

U. S. EPA Region 3  
RCRA Programs Branch (3 HW50)  
841 Chestnut Street  
Phildelphia, PA 19107

RECEIVED  
JAN 22, 1999  
EPA REGION III

RE. EPA Form 8700-12  
Item VII Ownership

Clinical Laboratories, Inc. is a medical laboratory located at 901 Keystone Industrial Park, Throop, PA. This laboratory is a private business owned by a group of seven pathologists. The owners of Clinical Laboratories, Inc. are:

Edward Skovira, MD  
William Antognoli, MD  
Charles Curtin, MD  
OkHee Won, MD

Gary Ross, MD  
James Steinmetz, MD  
Michael Broscius, MD

These owners can be reached through the address and telephone number at the top of this page.

Clinical Laboratories, Inc. leases the building in which it is located. The owner of the property and building at 901 Keystone Industrial Park, Throop, PA is:

Hawk Realty Company  
1566 Summit Lake Road  
Clarks Summit, PA 18411

Contact Robert R. Hawk 570-342-7556

For your convience I have included an addressed paid FedEx Letter for return correspondence. If you need any additional information, I will be glad to supply it.

Respectfully,

Rodney Myers  
Chemist